



## National Health Insurer Report Card

The AMA's 2011 National Health Insurer Report Card (NHIRC) provides physicians and the general public a reliable and defensible source of critical metrics concerning the timeliness and accuracy of claims processing by health insurance companies. Billions of dollars in administrative waste would be eliminated each year if third-party payers sent a timely, accurate and specific response to each physician claim.

Payers participating in the 2011 NHIRC include Aetna, Anthem, CIGNA Corp., Health Care Service Corporation (HCSC), Humana, Inc., The Regence Group (added in 2011) and United HealthCare (UHC).

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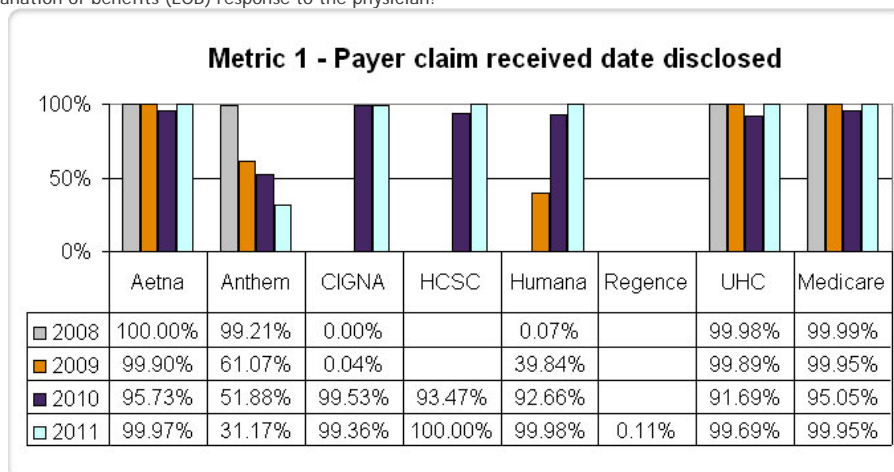
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## Payment Timeliness

The following are results from the National Health Insurer Report Card (NHIRC) years 2008-2011 that deal with payment timeliness.

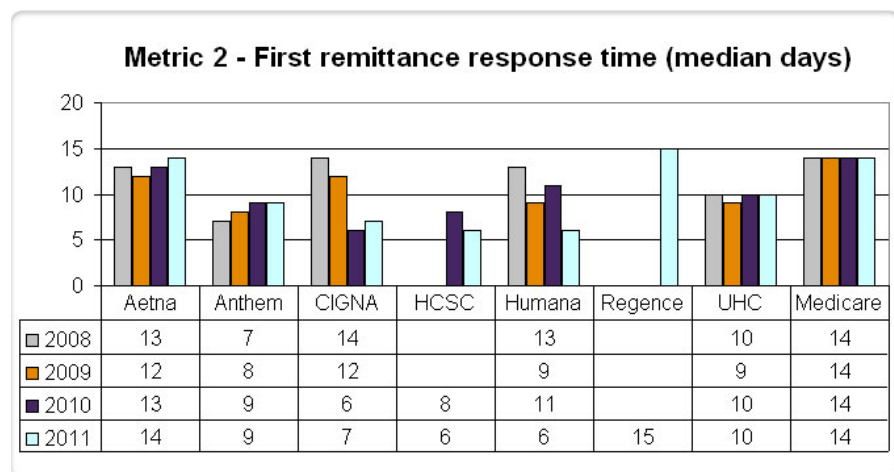
### Metric 1: Payer claim received date disclosed

Description: What percentage of time does the payer provide the date it received the claim (payer claim received date) in its electronic remittance advice (ERA) or explanation of benefits (EOB) response to the physician?



### Metric 2: First remittance response time (median days)

Description: What is the median time period in days between the date the physician claim was received by the payer and the date the payer produced the first ERA? If a payer did not provide the Payer Claim Received Date, the most current date of service that was reported on the claim was used to perform the calculation.<sup>1</sup>



<sup>1</sup>If the payer did not report Payer Claim Received Date, DOS from the matching 837 was used instead.

HCSC = Health Care Services Corporation

UHC = United HealthCare

The AMA NHIRC results are based on data pulled from the nationally mandated Health Insurance Portability and Accountability Act of 1996 (HIPAA) electronic standard transactions. The technical references for these transactions are the electronic remittance advice (ERA) (HIPAA ASC X12 835 Health Care Claim Payment/Advice Transaction) submitted to a physician in response to the receipt of an electronic claim submission (HIPAA ASC X12 837 Health Care Claim--professional transactions).

## Cash Flow

The following are results from the National Health Insurer Report Card (NHIRC) years 2008-2011 that deal with cash flow.

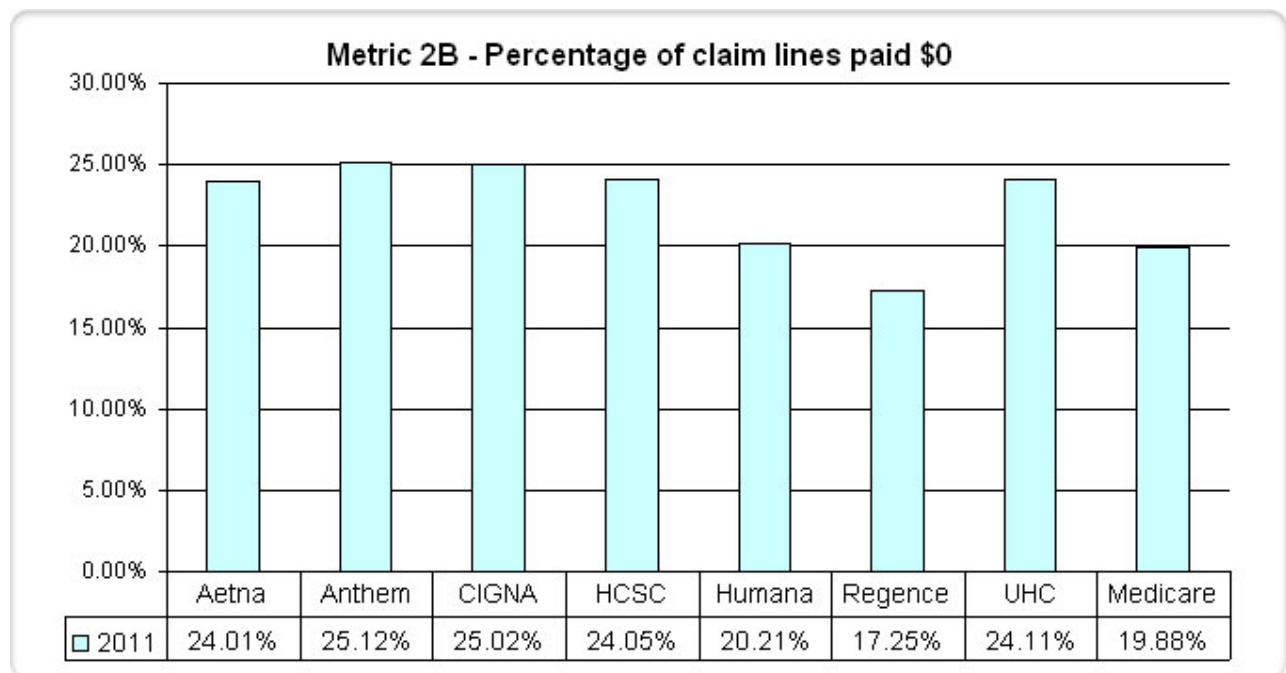
### \*Metric 2A: Cash flow analysis

Description: On what percentage of claims was the first payment on the claim received within the following time ranges: 0-15 days, 16-30 days, 31-45 days, 46-60 days and greater than 60 days? This metric does not attempt to quantify the electronic funds transfer (EFT) payment lag time where the EFT payment does not accompany the ERA.<sup>1</sup>

|                      | Aetna  | Anthem | CIGNA  | HCSC   | Humana | Regence | UHC    | Medicare |
|----------------------|--------|--------|--------|--------|--------|---------|--------|----------|
| 0-15 days            | 70.82% | 81.27% | 94.51% | 93.47% | 95.32% | 54.66%  | 83.94% | 95.16%   |
| 16-30 days           | 28.79% | 14.25% | 4.52%  | 5.71%  | 3.68%  | 41.30%  | 15.69% | 4.43%    |
| 31-45 days           | 0.30%  | 3.15%  | 0.77%  | 0.69%  | 0.90%  | 3.06%   | 0.30%  | 0.35%    |
| 46-60 days           | 0.07%  | 1.12%  | 0.18%  | 0.12%  | 0.09%  | 0.80%   | 0.07%  | 0.06%    |
| Greater than 60 days | 0.02%  | 0.22%  | 0.02%  | 0.02%  | 0.01%  | 0.17%   | 0.01%  | 0.01%    |

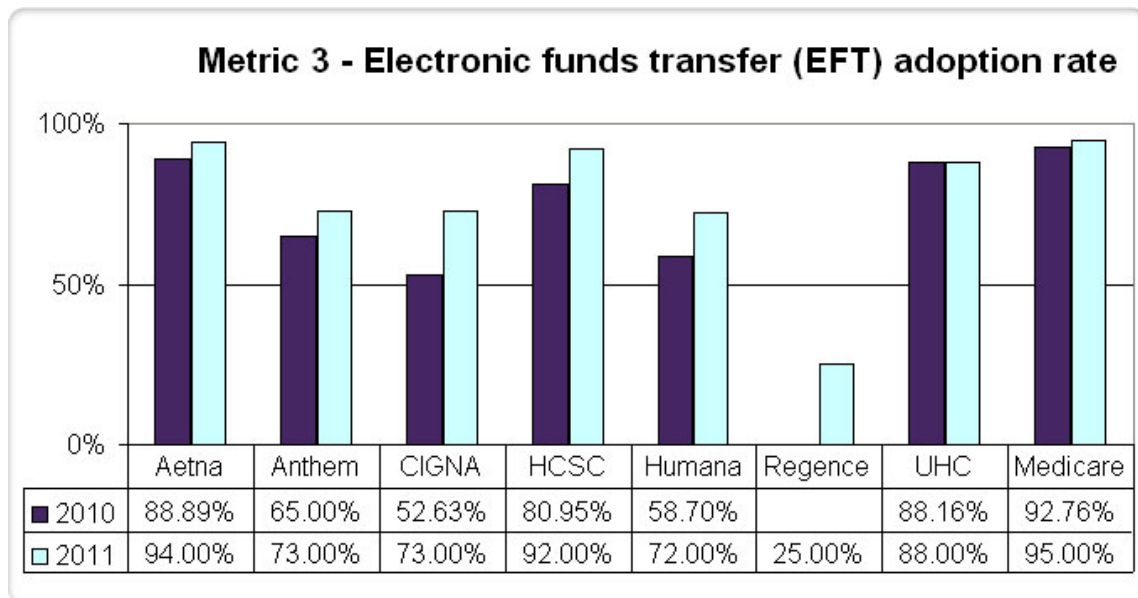
### \*Metric 2B: Percentage of claim lines paid \$0

Description: What percentage of claim lines are paid \$0 for any reason (e.g. claim edits, denials and patient responsibility)



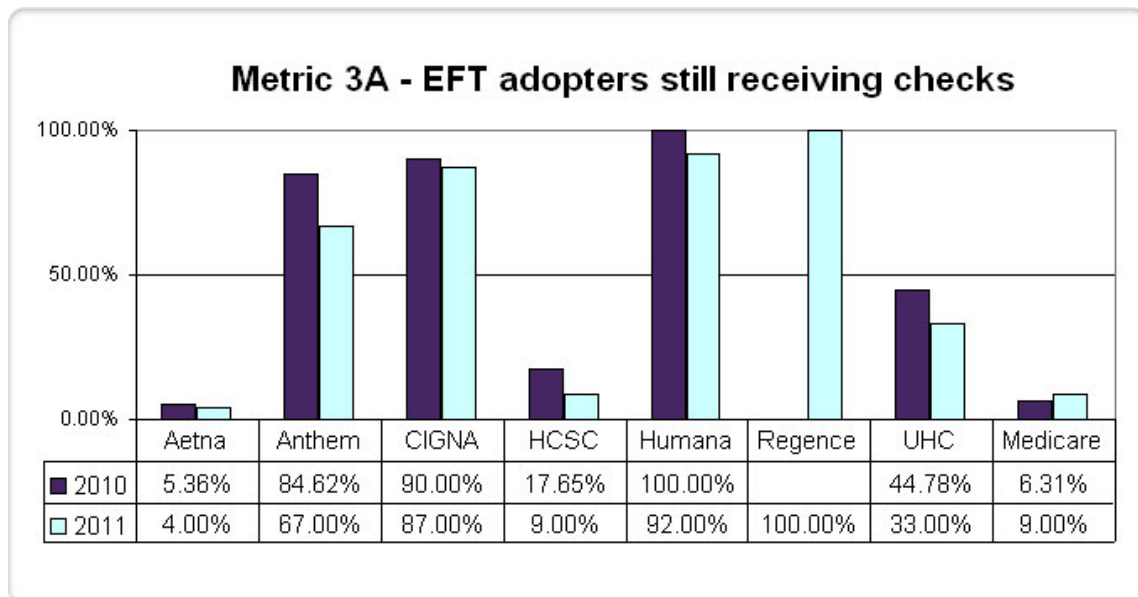
### Metric 3: Electronic funds transfer (EFT) adoption rate

Description: What percentage of physician practices have received EFT payments by the payer?



### Metric 3A: EFT adopters still receiving checks

Description: What percentage of physician practices that have received EFT payments from a payer have also received payments by check from the payer during the same period?



<sup>1</sup>Differences between payers in the reported timeliness metrics may not represent actual differences in the time taken by physicians to receive payment. More detailed information on this can be found in the "2011 National Health Insurer Report Card: Statement of methodology, including the step by step guidance".

\* = New metric reported in 2011 NHIRC

HCSC = Health Care Services Corporation

UHC = United HealthCare

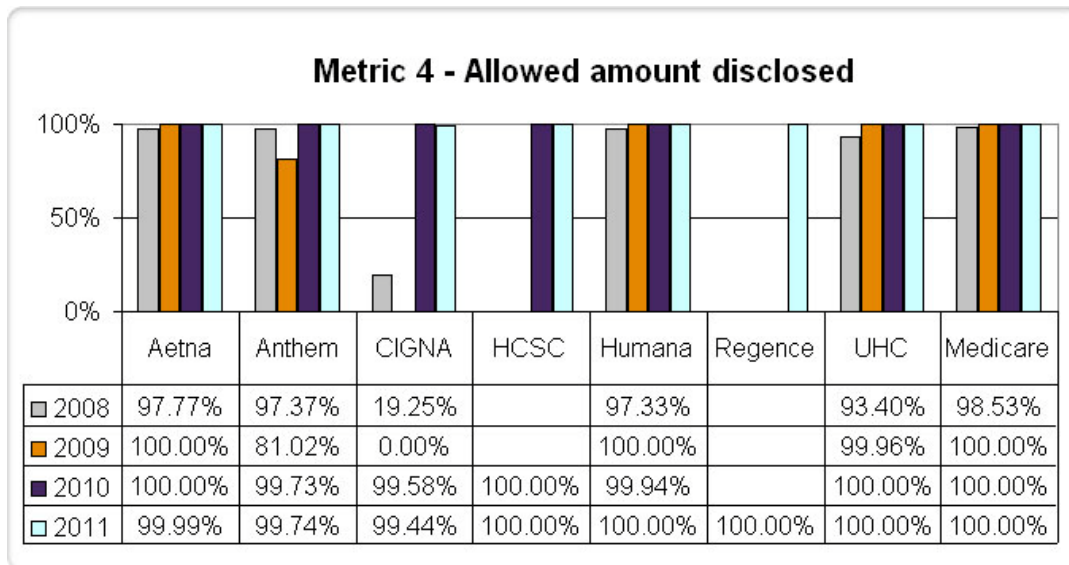
The AMA NHIRC results are based on data pulled from the nationally mandated Health Insurance Portability and Accountability Act of 1996 (HIPAA) electronic standard transactions. The technical references for these transactions are the electronic remittance advice (ERA) (HIPAA ASC X12 835 Health Care Claim Payment/Advice Transaction) submitted to a physician in response to the receipt of an electronic claim submission (HIPAA ASC X12 837 Health Care Claim--professional transactions).

## Accuracy

The following are results from the National Health Insurer Report Card (NHIRC) years 2008-2011 that address accuracy.

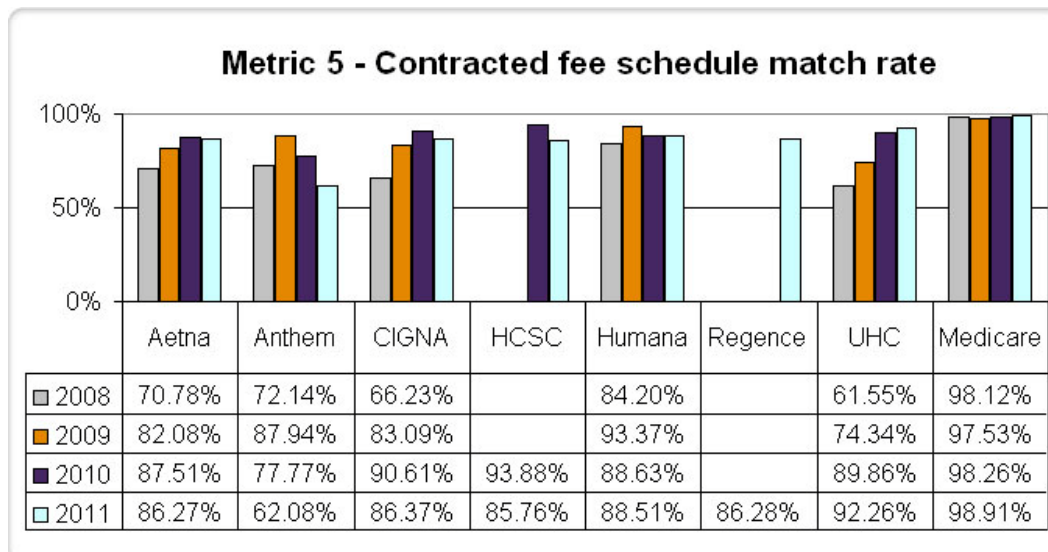
### Metric 4—Allowed amount disclosed

Description: On what percentage of claim lines does the payer provide the physician contracted rate (allowed amount) in its ERA response to the physician?



### Metric 5—Contracted fee schedule match rate

Description: On what percentage of claim lines does the payer's allowed amount equal the contracted fee schedule rate excluding the application of claim edits and payment rules (rules that adjust the fee schedule amount)?



**Metric 5A - Contracted fee schedule match rate by major CPT code categories**

Description: On what percentage of claim lines does the payer's allowed amount equal the contracted fee schedule rate by major CPT code categories?<sup>1</sup>

|                        | Aetna  | Anthem | CIGNA  | HCSC   | Humana | Regence | UHC    | Medicare |
|------------------------|--------|--------|--------|--------|--------|---------|--------|----------|
| E & M                  | 84.26% | 53.79% | 82.95% | 93.36% | 91.11% | 96.53%  | 94.69% | 98.40%   |
| Medicine               | 85.80% | 47.39% | 83.21% | 78.06% | 82.46% | 80.50%  | 83.95% | 98.31%   |
| Pathology & Laboratory | 90.76% | 86.26% | 93.61% | 84.88% | 82.16% | 40.25%  | 97.36% | 97.83%   |
| Radiology & Imaging    | 88.86% | 86.54% | 88.16% | 73.24% | 91.13% | NR      | 93.29% | 99.69%   |
| Surgical               | 80.17% | 78.28% | 84.99% | 94.41% | 90.84% | NR      | 89.06% | 98.76%   |

**Metric 5B—Contracted fee schedule match rate by state**

Description: On what percentage of claim lines does the payer's allowed amount equal the contracted fee schedule rate by state? Only states that met the minimum sample size of 500 were reported.

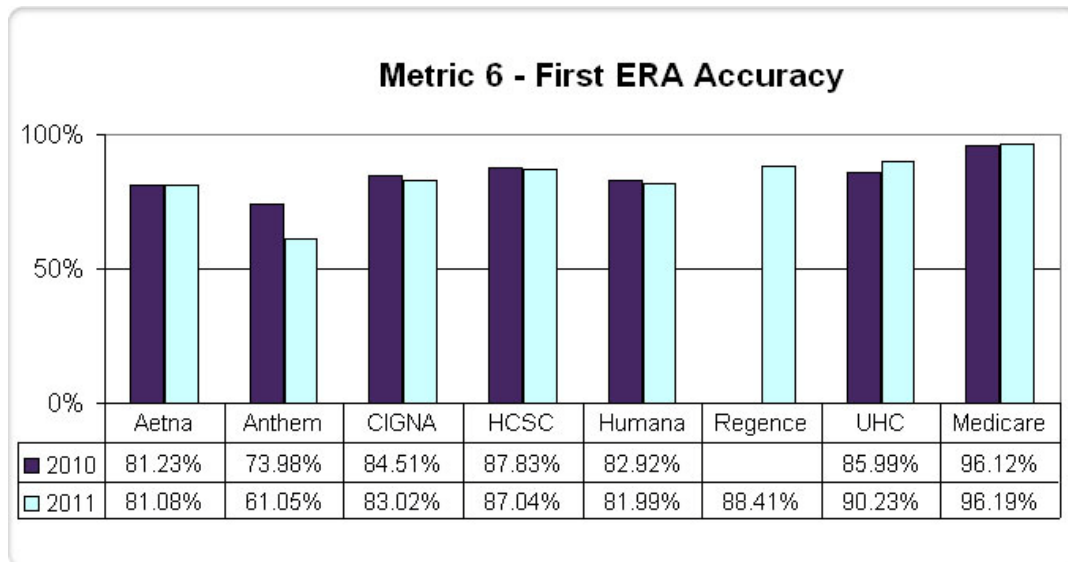
X= 95% Confidence Half-Width

|    | Aetna |       | Anthem |       | CIGNA |       | HCSC  |       | Humana |       | Regence |   | UHC   |       |
|----|-------|-------|--------|-------|-------|-------|-------|-------|--------|-------|---------|---|-------|-------|
|    | %     | X     | %      | X     | %     | X     | %     | X     | %      | X     | %       | X | %     | X     |
| AL |       |       |        |       |       |       |       |       |        |       |         |   |       |       |
| AR |       |       |        |       |       |       |       |       | 99.9%  | 0.24% |         |   | 97.9% | 0.61% |
| AZ |       |       |        |       | 90.2% | 2.19% |       |       |        |       |         |   | 91.6% | 0.99% |
| CA | 80.6% | 0.56% | 42.2%  | 0.30% | 63.2% | 1.41% |       |       |        |       |         |   | 87.3% | 1.03% |
| CO |       |       |        |       | 90.9% | 1.78% |       |       |        |       |         |   | 97.3% | 0.67% |
| CT | 96.5% | 0.61% |        |       |       |       |       |       |        |       |         |   |       |       |
| DC |       |       |        |       |       |       |       |       |        |       |         |   |       |       |
| FL | 95.8% | 0.31% |        |       | 91.4% | 0.57% |       |       | 96.7%  | 0.25% |         |   | 94.3% | 0.27% |
| GA | 91.2% | 1.43% | 83.8%  | 0.48% | 94.9% | 0.55% |       |       | 96.7%  | 0.47% |         |   | 92.4% | 0.33% |
| HI |       |       |        |       |       |       |       |       |        |       |         |   |       |       |
| IA |       |       |        |       |       |       |       |       |        |       |         |   | 58.2% | 3.64% |
| IL | 89.6% | 1.28% |        |       | 61.6% | 4.12% | 95.4% | 0.28% |        |       |         |   | 96.0% | 0.93% |
| IN |       |       | 90.6%  | 0.39% |       |       |       |       | 98.1%  | 0.49% |         |   | 92.1% | 0.97% |
| KS | 97.5% | 0.88% |        |       | 70.4% | 2.98% |       |       | 18.5%  | 1.81% |         |   | 99.6% | 0.28% |
| KY | 71.8% | 3.00% | 84.3%  | 1.14% |       |       |       |       | 72.8%  | 0.81% |         |   |       |       |
| LA | 96.0% | 1.16% |        |       | 88.7% | 1.46% |       |       | 98.4%  | 0.34% |         |   | 97.2% | 0.62% |
| MA | 87.2% | 1.89% | 94.0%  | 0.92% | 78.4% | 1.72% |       |       |        |       |         |   |       |       |
| MD | 73.6% | 1.59% |        |       | 85.8% | 1.48% |       |       |        |       |         |   | 92.9% | 0.63% |
| ME |       |       |        |       | 86.6% | 2.77% |       |       |        |       |         |   |       |       |
| MI | 84.9% | 2.08% |        |       |       |       |       |       |        |       |         |   |       |       |
| MO | 87.9% | 1.30% | 96.4%  | 0.74% | 81.4% | 1.43% |       |       | 92.6%  | 1.02% |         |   | 99.2% | 0.18% |
| MS |       |       |        |       |       |       |       |       |        |       |         |   | 92.4% | 1.63% |
| MT |       |       |        |       |       |       |       |       | 96.4%  | 1.36% |         |   |       |       |
| NC | 94.3% | 0.76% |        |       | 92.9% | 0.71% |       |       | 99.0%  | 0.27% |         |   | 76.6% | 0.85% |
| NE |       |       |        |       |       |       |       |       |        |       |         |   | 96.1% | 0.64% |
| NH | 99.0% | 0.49% |        |       | 97.8% | 0.44% |       |       |        |       |         |   | 90.5% | 1.02% |
| NJ | 72.4% | 1.47% |        |       |       |       |       |       |        |       |         |   |       |       |
| NM |       |       |        |       |       |       |       |       |        |       |         |   |       |       |
| NV |       |       | 92.7%  | 1.10% |       |       |       |       |        |       |         |   |       |       |

|    |       |       |       |       |       |       |       |       |       |       |       |  |       |       |
|----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|-------|-------|
| NY | 78.5% | 2.39% | 62.0% | 3.78% |       |       |       |       |       |       |       |  |       |       |
| OH | 90.8% | 0.61% | 89.3% | 0.36% | 97.8% | 1.06% |       |       | 88.7% | 0.99% |       |  | 97.2% | 0.28% |
| OK | 89.1% | 1.54% |       |       |       |       | 70.8% | 3.39% | 80.5% | 2.02% |       |  |       |       |
| OR |       |       |       |       |       |       |       |       |       |       |       |  |       |       |
| PA |       |       |       |       |       |       |       |       |       |       |       |  |       |       |
| SC |       |       |       |       |       |       |       |       |       |       |       |  |       |       |
| SD |       |       |       |       |       |       |       |       |       |       |       |  |       |       |
| TN |       |       |       |       | 83.3% | 1.71% |       |       | 96.2% | 0.71% |       |  |       |       |
| TX | 78.3% | 0.70% |       |       | 83.1% | 0.84% | 83.4% | 0.25% | 76.0% | 1.11% |       |  | 89.0% | 0.44% |
| VA |       |       | 98.6% | 0.64% |       |       |       |       |       |       |       |  |       |       |
| WA |       |       |       |       |       |       |       |       |       | 86.1% | 0.99% |  |       |       |
| WI |       |       | 49.3% | 1.02% |       |       |       |       |       |       |       |  | 94.8% | 0.42% |
| WV |       |       |       |       |       |       |       |       |       |       |       |  |       |       |

#### Metric 6 - First ERA Accuracy

Description: On what percentage of claim lines does the payer's allowed amount equal the physician practice's expected allowed amount?



<sup>1</sup>Only data reported by commercial payers that met the minimum sample size of 500 were reported.

\*\* = May not total 100% due to rounding error

HCSC = Health Care Services Corporation

UHC = United HealthCare

NR= Not reported

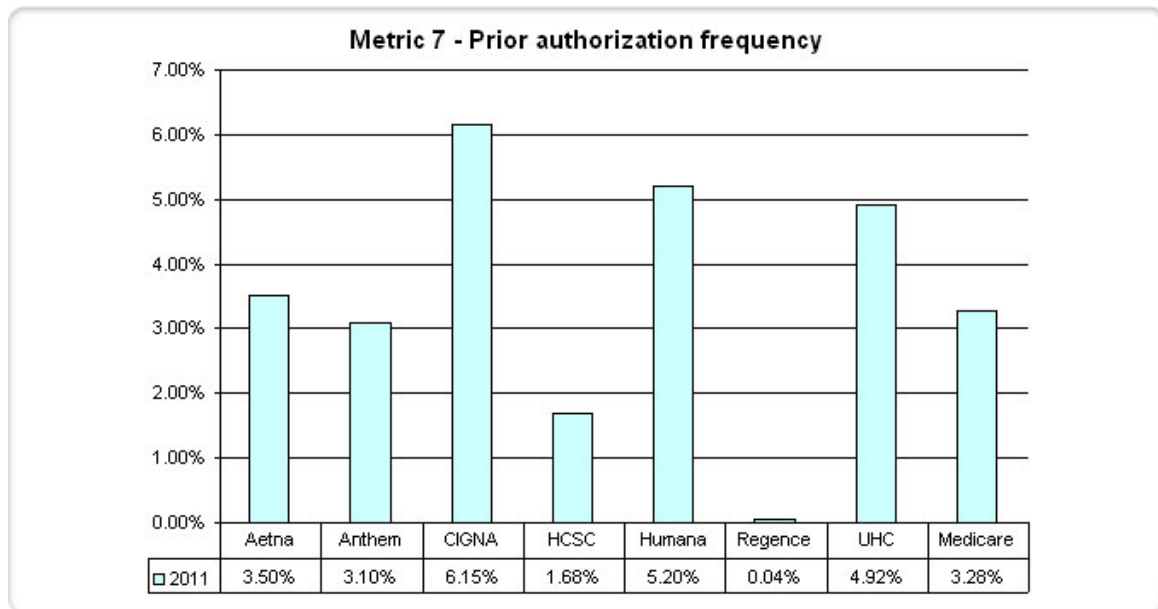
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## Administrative Requirements - Prior Authorization

The following are results from the National Health Insurer Report Card (NHIRC) for 2011 that deal with prior authorization.

**\*Metric 7: Prior authorization frequency**

Description: What is the frequency of prior authorization numbers on professional claims that were accompanied by an ERA with a payment greater than \$0?



\* = New metric reported in 2011 NHIRC  
HCSC = Health Care Services Corporation  
UHC = United HealthCare

The AMA NHIRC results are based on data pulled from the nationally mandated Health Insurance Portability and Accountability Act of 1996 (HIPAA) electronic standard transactions. The technical references for these transactions are the electronic remittance advice (ERA) (HIPAA ASC X12 835 Health Care Claim Payment/Advice Transaction) submitted to a physician in response to the receipt of an electronic claim submission (HIPAA ASC X12 837 Health Care Claim--professional transactions).



## Claim Edit Sources and Frequency

The following are results from the National Health Insurer Report Card (NHIRC) years 2008-2011 that address claim edit sources and frequency.

### \*\*Metric 8 - Source of payer *disclosed* claim edits<sup>1</sup>

Description: On what percentage of claim lines is the source of the disclosed claim edit applied by the payer based on one or more of the following: CPT, NCCI, CMS Publication 100-04, ASA Relative Value Guide or payer-specific edits?

|                | Aetna  | Anthem | CIGNA  | HCSC   | Humana | Regence | UHC    | Medicare |
|----------------|--------|--------|--------|--------|--------|---------|--------|----------|
| CPT            | 8.10%  | 5.10%  | 11.80% | 11.00% | 7.40%  | 14.90%  | 3.20%  | 8.90%    |
| ASA            | 0.10%  | 0.00%  | 0.00%  | 0.00%  | 0.00%  | 0.00%   | 0.00%  | 0.00%    |
| NCCI           | 4.10%  | 15.40% | 7.40%  | 20.30% | 3.60%  | 1.10%   | 4.70%  | 8.80%    |
| CMS            | 6.30%  | 48.80% | 78.10% | 57.10% | 32.30% | 82.60%  | 49.40% | 36.10%   |
| Payer-specific | 81.40% | 30.70% | 2.70%  | 11.60% | 56.70% | 1.40%   | 42.70% | 46.30%   |

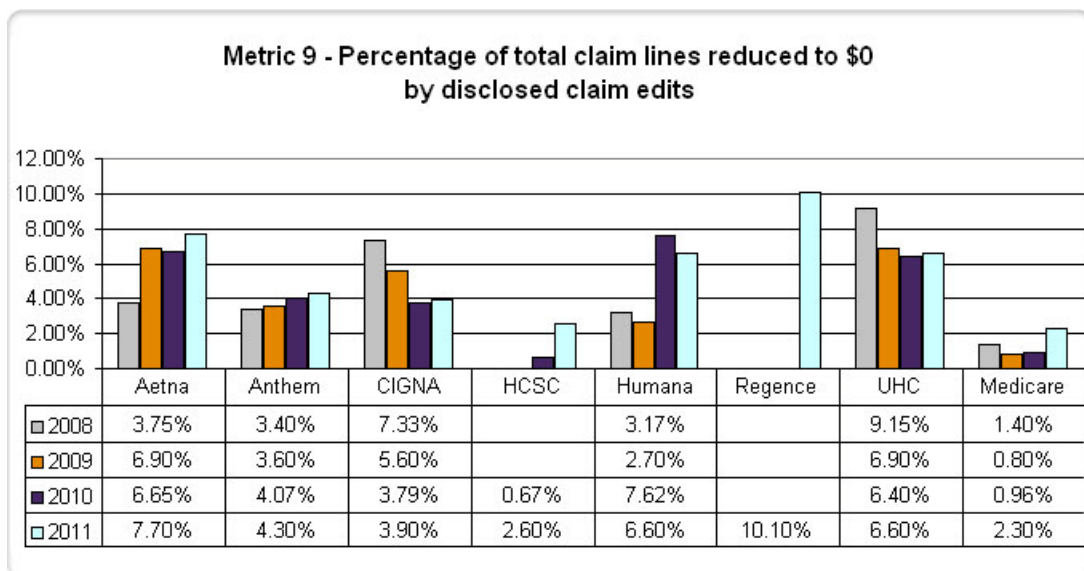
### Metric 8A - Total number of available claim edits

Description: What are the total number of available claim edits in each rule source (CPT, NCCI, CMS, ASA and disclosed payer-specific) by payer?

|                | Aetna   | Anthem  | CIGNA   | HCSC    | Humana  | Regence | UHC     | Medicare  |
|----------------|---------|---------|---------|---------|---------|---------|---------|-----------|
| CPT            | 20,167  | 20,454  | 19,953  | 20,454  | 20,454  | 20,454  | 20,358  | 20,454    |
| ASA            | 1,070   | 1,070   | 1,070   | 1,070   | 1,070   | 1,070   | 1,070   | 1,070     |
| NCCI           | 841,833 | 841,904 | 841,904 | 841,904 | 841,904 | 841,904 | 841,904 | 841,904   |
| CMS            | 54,853  | 55,435  | 55,339  | 55,345  | 55,345  | 55,345  | 41,458  | 55,345    |
| Payer-specific | 223,985 | 170,027 | 6,795   | 199,610 | 10,534  | 10,490  | 253,462 | 2,224,145 |

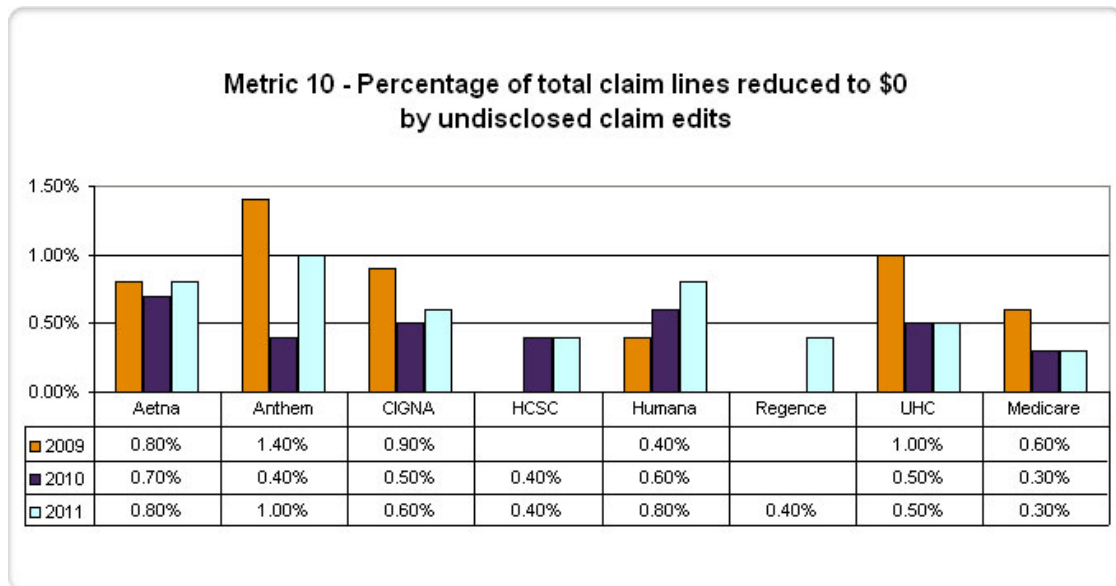
### Metric 9 - Percentage of total claim lines reduced to \$0 by *disclosed* claim edits

Description: On what percentage of total claim lines does the payer apply a claim edit, which the payer has disclosed on its website or in other provider communications that reduces the payment (allowed amount) of the claim line to \$0?



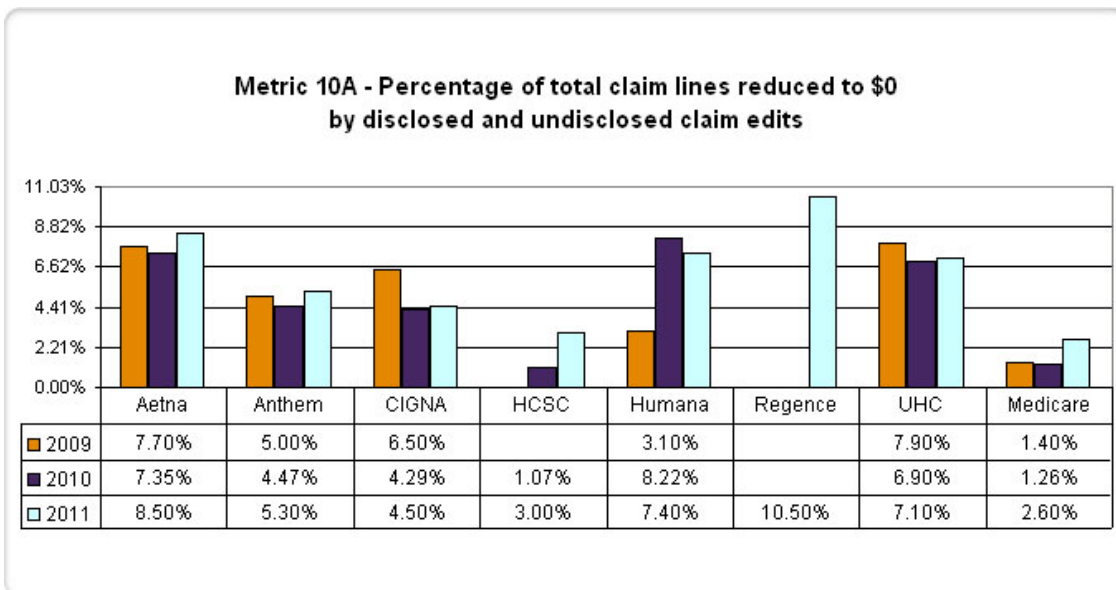
**Metric 10 - Percentage of total claim lines reduced to \$0 by *undisclosed* claim edits**

Description: On what percentage of claim lines does the payer apply a claim edit, which the payer has not disclosed on its website or in other provider communications that reduces the payment (allowed amount) of the claim line to \$0?



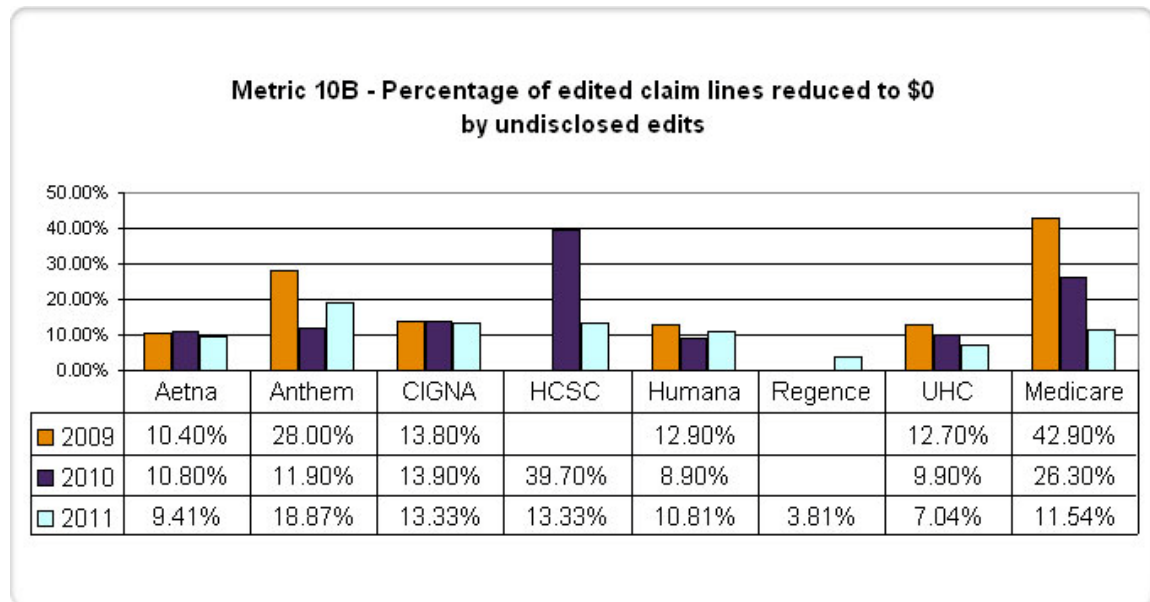
**Metric 10A - Percentage of total claim lines reduced to \$0 by *disclosed and undisclosed* claim edits**

Description: On what percentage of total claim lines does the payer apply a disclosed or undisclosed claim edit (the sum of metrics 9 and 10) that reduces the payment (allowed amount) of the claim line to \$0?



Metric 10B - Percentage of edited claim lines reduced to \$0 by *undisclosed* edits

Description: On what percentage of the subset of total claim lines that are edited by either disclosed or undisclosed edits (refer to metric 10A) are represented by undisclosed edits that reduces the payment (allowed amount) of the claim line to \$0?



<sup>1</sup>This metric is not intended to infer a payer's compliance with a claim edit source. This metric only identifies claim edit matches to publicly available and recognized sources based on the following claim edit match hierarchy: CPT, NCCI, CMS Publication 100-04 and ASA Relative Value Guide.

\* = New metric reported in 2011 NHIRC

\*\* = May not total 100% due to rounding error

HCSC = Health Care Services Corporation

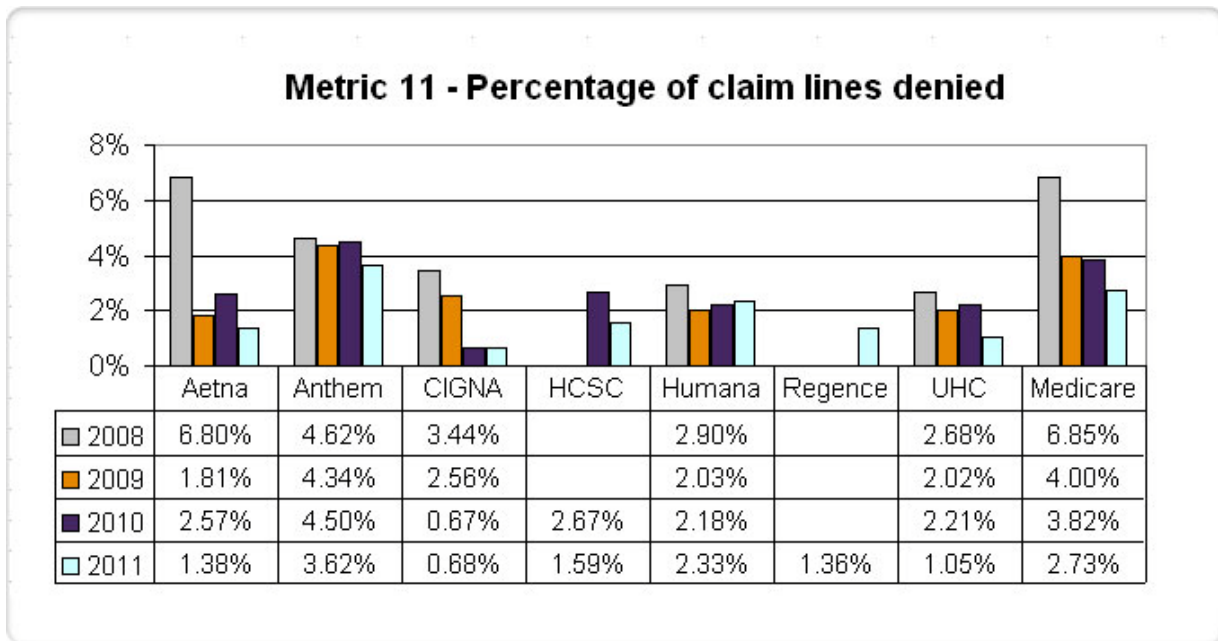
UHC = United HealthCare

## Denials

The following are results from the National Health Insurer Report Card (NHIRC) years 2008-2011 that address denials.

### Metric 11 - Percentages of claim lines denied

Description: What percentage of claim lines submitted are denied by the payer for reasons other than a claim edit? A denial is defined as: allowed amount equal to the billed charge and the payment equals \$0.



### \*\*Metric 12 - Reason codes (Claim Adjusted Reason Codes [CARC])

Description: What are the most frequently reported reason codes for a denial?

| Aetna |        | Anthem |        | CIGNA |        | HCSC  |        | Humana |        | Regence |        | UHC   |        |
|-------|--------|--------|--------|-------|--------|-------|--------|--------|--------|---------|--------|-------|--------|
| CARC  | %      | CARC   | %      | CARC  | %      | CARC  | %      | CARC   | %      | CARC    | %      | CARC  | %      |
| 96    | 36.74% | 26     | 25.51% | 96    | 29.20% | 16    | 33.41% | 96     | 42.47% | 26      | 48.63% | 16    | 43.89% |
| 197   | 10.97% | 204    | 21.63% | 51    | 27.86% | 96    | 22.69% | 16     | 19.84% | 16      | 11.64% | 96    | 21.70% |
| 55    | 9.45%  | 16     | 17.08% | 49    | 7.06%  | 119   | 10.65% | 125    | 10.07% | 49      | 8.90%  | 49    | 4.96%  |
| 165   | 8.68%  | 96     | 11.67% | 38    | 6.11%  | B5    | 10.55% | 197    | 6.30%  | 96      | 7.53%  | 197   | 4.52%  |
| 227   | 6.44%  | B7     | 4.29%  | 197   | 5.92%  | 49    | 5.88%  | B9     | 5.73%  | 167     | 4.79%  | 204   | 2.92%  |
| 56    | 5.82%  | 119    | 4.03%  | 45    | 5.15%  | 227   | 3.27%  | B5     | 4.34%  | 204     | 4.79%  | 56    | 2.88%  |
| B7    | 4.72%  | 38     | 3.84%  | 1     | 4.39%  | 179   | 2.78%  | 40     | 2.74%  | 125     | 4.11%  | 185   | 2.66%  |
| 97    | 3.63%  | 197    | 3.29%  | 15    | 3.05%  | 197   | 2.16%  | 26     | 2.09%  | 38      | 2.74%  | 26    | 2.66%  |
| 95    | 3.44%  | other  | 8.66%  | 35    | 2.67%  | 104   | 2.05%  | other  | 6.42%  | 51      | 2.74%  | B20   | 2.44%  |
| other | 10.11% |        |        | other | 8.59%  | other | 6.54%  |        |        | other   | 4.11%  | other | 11.38% |

**\*\*Metric 13 - Remark codes (Remittance Advice Remark Codes [RARC])**  
Description: What are the most frequently reported remark codes for a denial?

| Aetna |        | Anthem |        | CIGNA  |   | HCSC  |        | Humana |        | Regence |        | UHC   |        |
|-------|--------|--------|--------|--------|---|-------|--------|--------|--------|---------|--------|-------|--------|
| RARC  | %      | RARC   | %      | RARC   | % | RARC  | %      | RARC   | %      | RARC    | %      | RARC  | %      |
| N130  | 35.45% | N179   | 28.25% | Unused |   | N130  | 37.49% | N115   | 26.47% | N29     | 59.26% | MA130 | 21.32% |
| N54   | 17.86% | N193   | 27.21% |        |   | N4    | 15.82% | N19    | 7.78%  | N381    | 22.22% | N174  | 19.42% |
| N20   | 15.19% | N202   | 6.35%  |        |   | N179  | 11.48% | N4     | 7.50%  | N429    | 14.81% | N115  | 16.91% |
| N179  | 7.22%  | N174   | 5.36%  |        |   | MA100 | 11.13% | M77    | 7.09%  | N179    | 3.70%  | N386  | 6.19%  |
| N56   | 7.17%  | N29    | 5.32%  |        |   | M127  | 7.56%  | N22    | 6.91%  |         |        | N54   | 6.19%  |
| N19   | 3.80%  | M127   | 3.76%  |        |   | N366  | 5.51%  | N431   | 5.89%  |         |        | M77   | 5.15%  |
| N95   | 3.16%  | MA92   | 3.65%  |        |   | M29   | 5.33%  | N130   | 5.76%  |         |        | M20   | 3.74%  |
| M41   | 2.46%  | N382   | 3.65%  |        |   | N202  | 3.40%  | MA130  | 5.62%  |         |        | N4    | 3.74%  |
| M144  | 2.35%  | N30    | 2.92%  |        |   | other | 2.28%  | M127   | 4.24%  |         |        | N429  | 3.68%  |
| other | 5.35%  | MA61   | 2.66%  |        |   |       |        | M62    | 3.64%  |         |        | M86   | 3.49%  |
|       |        | other  | 10.89% |        |   |       |        | M53    | 3.13%  |         |        | N12   | 2.70%  |
|       |        |        |        |        |   |       |        | other  | 15.98% |         |        | other | 7.48%  |

**Metric 14 - Percentage of reason codes (CARC) reported with a required remark code (RARC)**  
Description: What percentage of denials reported provided a required remark code when a reason code specifically states that a remark code should be reported?

| Aetna |         | Anthem |         | CIGNA |        | HCSC |         | Humana |         | Regence |        | UHC |         | Medicare |         |
|-------|---------|--------|---------|-------|--------|------|---------|--------|---------|---------|--------|-----|---------|----------|---------|
| CARC  | %       |        | %       |       | %      |      | %       |        | %       |         | %      |     | %       |          | %       |
| 16    | 55.00%  |        | 99.79%  |       | 0.00%  |      | 100.00% |        | 100.00% |         | 41.18% |     | 85.57%  |          | 99.77%  |
| 96    | 100.00% |        | 99.56%  |       | 0.00%  |      | 100.00% |        | 99.42%  |         | 54.55% |     | 95.51%  |          | 87.99%  |
| 125   | Unused  |        | 100.00% |       | Unused |      | Unused  |        | 100.00% |         | 0.00%  |     | 0.00%   |          | 99.80%  |
| 129   | Unused  |        | 0.00%   |       | Unused |      | Unused  |        | Unused  |         | Unused |     | Unused  |          | Unused  |
| 148   | Unused  |        | 100.00% |       | Unused |      | Unused  |        | Unused  |         | Unused |     | Unused  |          | Unused  |
| 226   | 100.00% |        | Unused  |       | 0.00%  |      | Unused  |        | 100.00% |         | Unused |     | Unused  |          | 100.00% |
| 227   | 100.00% |        | 100.00% |       | Unused |      | 100.00% |        | Unused  |         | 50.00% |     | 100.00% |          | Unused  |
| 234   | Unused  |        | Unused  |       | Unused |      | Unused  |        | Unused  |         | Unused |     | Unused  |          | Unused  |
| A1    | 100.00% |        | Unused  |       | Unused |      | Unused  |        | Unused  |         | Unused |     | Unused  |          | Unused  |
| D3    | Unused  |        | Unused  |       | Unused |      | Unused  |        | Unused  |         | Unused |     | Unused  |          | Unused  |

\*\* = May not total 100% due to rounding error  
HCSC = Health Care Services Corporation  
UHC= United HealthCare  
Unused = Not reported in sample

## Improvement of Claims Cycle Workflow

The following are results from the National Health Insurer Report Card (NHIRC) years 2008-2011 that address improvement of the claims cycle workflow.

### Metric 15 - Committee on Operating Rules for Information Exchange (CORE) certification

Description: Is the payer CAQH CORE certified? Source: CAQH CORE

|         | Aetna | Anthem | CIGNA     | HCSC | Humana    | Regence | UHC | Medicare |
|---------|-------|--------|-----------|------|-----------|---------|-----|----------|
| Phase 1 | Yes   | Yes    | Yes       | No   | Yes       | No      | Yes | No       |
| Phase 2 | Yes   | Yes    | Committed | No   | Committed | No      | Yes | No       |

### Metric 16 - Prior-authorization

Description: Is the payer receiving/sending compliant HIPAA X12 278 Services Review Request for Review and Response standard transaction?

| Aetna | Anthem | CIGNA | HCSC | Humana | Regence | UHC | Medicare |
|-------|--------|-------|------|--------|---------|-----|----------|
| Yes   | Yes    | Yes   | DNR  | Yes    | DNR     | Yes | NR       |

### Metric 17 - Claims acknowledgement

Description: Is the payer sending a HIPAA X12 277 Unsolicited Claims Status transaction?

| Aetna | Anthem | CIGNA | HCSC | Humana | Regence | UHC | Medicare |
|-------|--------|-------|------|--------|---------|-----|----------|
| Yes   | No     | Yes   | No   | Yes    | Yes     | Yes | No       |

\*\* = May not total 100% due to rounding error

NR = Not reported

HCSC = Health Care Services Corporation

UHC = United HealthCare

The AMA NHIRC results are based on data pulled from the nationally mandated Health Insurance Portability and Accountability Act of 1996 (HIPAA) electronic standard transactions. The technical references for these transactions are the electronic remittance advice (ERA) (HIPAA ASC X12 835 Health Care Claim Payment/Advice Transaction) submitted to a physician in response to the receipt of an electronic claim submission (HIPAA ASC X12 837 Health Care Claim--professional transactions).